



SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S. Louise Avenue Suite 201 □ Sioux Falls, SD 57106-3115
(605) 362-2760 □ FAX: 362-2768 □ www.state.sd.us/doh/nursing

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SD BOARD OF NURSING

Nurse Aide Application for *Initial* Training Program

All Nurse Aide Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application.

Send completed application and supporting documentation to:

South Dakota Board of Nursing
4305 S. Louise Ave., Suite 201
Sioux Falls, South Dakota 57106-3115

Name of Institution: Presentation College
Address: 1500 N main
Aberdeen, SD 57401
Phone Number: 605-229-8473 Fax Number: 605-229-8489
E-mail Address of Faculty: lindsey.helm@presentation.edu

- Program Coordinator** must be a registered nurse with two years of nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)
☒ Attach curriculum vita, resume, or work history *Received & reviewed both RN*

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Lindsey Helm</u>	<u>SD</u>	<u>RD33370</u>	<u>4/19/2013</u>	<u>both RN</u>

- Primary Instructor** must be a licensed nurse (RN or LPN) with two years of nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)
☒ Attach curriculum vita, resume, or work history
☒ Documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Lindsey Helm</u>	<u>SD</u>	<u>RD33370</u>	<u>4/19/2013</u>	<u>both RN</u>

- Supplemental Personnel** may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12)
☒ Attach curriculum vita, resume, or work history - *received & reviewed CV's - both RN*

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Diana Hayes</u>	<u>SD</u>	<u>RD09984</u>	<u>10/29/2013</u>	<u>both RN</u>
<u>Shantelle Wade</u>	<u>SD</u>	<u>RD30484</u>	<u>2/22/2012</u>	<u>both RN</u>



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Physical Facility Requirements: Ensure that classrooms, conference rooms, laboratories, and equipment are clean and safe and accommodate the number of students enrolled. (ARSD 44:04:18:14)

Course Requirements

Name of Course (if applicable): NAC 104 Certified Nurse Assistant Course

Entire Syllabus & Course Outline Provided & reviewed by JoAnn RN.
A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video instruction, and online instruction.

☒ Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).

AHCA How To Be A Nurse Assistant - (2011) + corresponding workbook AHCA.

Submit documentation that supports requirements listed in ARSD 44:04:18:15, including:

☒ Behaviorally stated objectives with measurable performance criteria for each unit of curriculum

☒ Curriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows:

☒ A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include:
☒ Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.

☒ A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor.

☒ Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail):

☒ Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients;

☒ Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;

☒ Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support;

☒ Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors;

☒ Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthotic devices;

☒ Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.

Supervision of Students: Pursuant to ARSD 44:04:18:13, students in a nurse aide training program may not perform any services unless they have been trained and found to be proficient by the primary instructor. Students in a training program may perform services only under the supervision of a licensed nurse (RN and/or LPN).

Program Coordinator Signature: Lindsey Johnson, MSN **Date:** 11-7-11

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>11/9/11</u>	Date Application Denied:
Date Approved: <u>11/23/11</u>	Reason for Denial:
Expiration Date of Approval: <u>11/23/13</u>	
Board Representative: <u>JoAnn RN, MSN, SA Board of Nursing</u>	
Date Notice Sent to Institution: <u>11/23/11</u>	